

A graphic showing a checklist with a pencil and a paperclip, positioned behind the title 'Checklist'.

# Checklist

PLEASE RETURN THIS CHECKLIST WITH YOUR INTERVIEW

Before submitting your recordings to the Veterans History Project at the American Folklife Center of the Library of Congress, be sure you have included the following:

- 1. Recorded interview, not to exceed 90 minutes. After recording the interview, the plastic tabs should be removed from the audio or video cassettes to prevent recording over them. Cassettes must be labeled with the full name of the veteran or civilian interviewee and his or her birth date (month/day/year).
- 2. Completed biographical data sheet for each veteran or civilian interviewee (see Biographical Data Form).
- 3. Release form signed by each veteran or civilian interviewed (see Veteran's Release Form).
- 4. Release form signed by the person(s) producing the recording. This includes interviewers and recording operators (see Interviewer's Release Form).
- 5. Audio and Video Recording Log.
- 6. Photographs (not more than twenty). Photographic prints should be numbered and dated on the back lower-right corner using a soft (no.1) pencil. For slick prints where it is difficult to write on the back, enclose them in individual labeled envelopes. Please do not write on the prints with a pen or marker. Slides may be labeled on the frame. Scrapbooks and photograph albums containing more than twenty images are acceptable, but donors are encouraged to describe the contents as fully as possible.
- 7. Photograph Log.
- 8. Release form signed by the photographer(s) (see Interviewer's Release Form).
- 9. Selected letters, diaries, and other printed and handwritten manuscripts relating to the veteran or civilian interviewee.
- 10. Manuscript Data Sheet.

Please tell us how you heard about this project: \_\_\_\_\_



# Biographical Data Form

To ensure inclusion in our National Registry of Service, this form must accompany each submission. Please use a separate form or additional sheet for service in more than one war.

PLEASE PRINT CLEARLY

Veteran  Civilian  \_\_\_\_\_  
first middle last maiden name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ -

Telephone ( \_\_\_\_\_ ) - \_\_\_\_\_ Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Race/Ethnicity (optional) \_\_\_\_\_ Male  Female  month/day/year

Branch of Service or Wartime Activity \_\_\_\_\_

Battalion, Regiment, Division, Unit, Ship, etc. \_\_\_\_\_

Highest Rank \_\_\_\_\_

Enlisted  Drafted  Service dates \_\_\_\_\_ to \_\_\_\_\_

War(s) in which individual served \_\_\_\_\_

Locations of military or civilian service \_\_\_\_\_

Was the veteran a prisoner-of-war? Yes  No

Did the veteran or civilian sustain combat or service-related injuries? Yes  No

Medals or special service awards. If so, please list (be as specific as possible):

Are photographs included? Yes  No  (If yes, please complete the Photograph Log in this kit.)

Are manuscripts included? Yes  No  (If yes, please complete the Manuscript Data Sheet in this kit.)

Does the veteran or civilian have field maps Yes  No  or wartime-related home movies Yes  No   
that he or she would like to share with the Library of Congress? (If yes, we will contact you shortly.)

Interviewer (if applicable) \_\_\_\_\_

Partner organization affiliation (if any, i.e. AARP, etc.) \_\_\_\_\_

Please use reverse for additional biographical information.



## Additional Information:

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# Veteran's Release Form

TO BE COMPLETED BY VETERAN OR CIVILIAN

(In cases of deceased veterans, to be completed by the donor of the material.)

I, \_\_\_\_\_, am a participant in the Veterans History Project (hereinafter "VHP"). I understand that the purpose of the VHP is to collect audio- and video-taped oral histories of America's war veterans and of those who served in support of them as well as selected related documentary materials (such as photographs and manuscripts) that may be deposited in the permanent collections of the American Folklife Center at the Library of Congress. The deposited documentary materials will serve as a record of American veterans' wartime experiences; and may be used for scholarly and educational purposes. I understand that the American Folklife Center plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the Library of Congress and its activities in any medium.

I hereby grant to the Library of Congress ownership of the physical property delivered to the Library and the right to use the property that is the product of my participation (for example, my interview, performance, photographs, and written materials) as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

I also grant to the Library of Congress my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the VHP to be used, published, and copied by the Library of Congress and its assignees in any medium.

I agree that the Library may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) - \_\_\_\_\_



# Interviewer's Release Form

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS, AND PHOTOGRAPHERS

I, \_\_\_\_\_, am a participant in the Veterans History Project (hereinafter "VHP"). I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans and of those who served in support of them as well as selected related documentary materials such as photographs and manuscripts that may be deposited in the permanent collections of the American Folklife Center at the Library of Congress. The deposited documentary materials will serve as a record of American veterans' wartime experiences; and may be used for scholarly and educational purposes. I understand that the American Folklife Center plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the Library of Congress and its activities in any medium.

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I release the Library of Congress, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature of Parent or Guardian (if interviewer is a minor) \_\_\_\_\_ Date \_\_\_\_\_  
month/day/year

Printed Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_  
month/day/year

Telephone ( \_\_\_\_\_ ) - \_\_\_\_\_

Relationship to veteran/civilian \_\_\_\_\_



# Audio and Video Recording Log

## 1. Name and address of collector or interviewer.

Name of Collector/Interviewer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) - \_\_\_\_\_ Email \_\_\_\_\_

Organization or Affiliation (if any) \_\_\_\_\_

## 2. Full name and birth date of the veteran or civilian being interviewed as it appears on the recording label and Biographical Data Form.

Name of Veteran/Civilian \_\_\_\_\_ Birth Date \_\_\_\_\_  
month/day/year

## 3. Recording format (please check)

VIDEO type: Betacam  VHS  8mm  High-8  Digital  Other  \_\_\_\_\_

AUDIO type: Cassette  Microcassette  CD  Reel  Digital (DAT)  \_\_\_\_\_ (identify)

If audio, is the cassette or reel recorded on both sides? Yes  No

Is item: Original  Copy

## 4. Date of Recording \_\_\_\_\_

Estimated length of recording (in minutes) \_\_\_\_\_

## 5. Location of recording \_\_\_\_\_

## 6. Corresponding materials (please check)

Have you included materials other than the recording? Yes  No

If so, please complete the Photograph Log and/or the Manuscript Data Sheet.

## 7. Please summarize the topics discussed in the interview in their order of appearance on the recording.

Meter Reading  
or Minute Mark

Topics presented in order of discussion on recording

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue on back or on additional sheets as needed.)





# Manuscript Data Sheet

Please complete this form when donating letters, diaries, and other printed and handwritten manuscripts to the Veterans History Project. It is to be used in conjunction with the required Checklist, Biographical Data Form, and Veteran's Release Form.

1. Name and address of collector.

Name of Collector/Interviewer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) - \_\_\_\_\_ Email \_\_\_\_\_

2. Full name and life dates (birth–death) of the person about whom the manuscripts relate. In most instances, this person is the veteran or civilian whose name appears on the Biographical Data Form.

3. Types and dates of manuscripts submitted, for example:

Diary, November 20, 1942–February 17, 1944; Service records, 1951–1953; Letters, 1969–1972; Commendations, 1991; Unpublished memoir, 2001; etc.

4. Number of items: \_\_\_\_\_ Is this an exact  or estimated  figure?

5. If these items are copies of originals, describe how they were reproduced. Are they transcripts, photocopies, or photographic prints? Identify when the copies were made, and give the name and address of the person or group who holds the originals. Please note that the Veterans History Project encourages you to donate the originals to the Library of Congress or another trusted institution for long-term preservation and for access by researchers. (Continued on back.)

Form(s) of reproduction: \_\_\_\_\_

\_\_\_\_\_

Date(s) reproduced: \_\_\_\_\_

\_\_\_\_\_

Location of originals: \_\_\_\_\_

\_\_\_\_\_

6. Occupation or type of activity of the principal person represented in the manuscripts, including significant events and dates in his or her career and the place of residence or location of the activity described. If this information is already recorded in the Biographical Data Form, there is no need to repeat it here.

7. Describe the scope and content of the manuscripts by addressing the following:

Please identify by name the writers and recipients of the letters and other documents. What is their relationship to the veteran or civilian whose name appears on the Biographical Data Form?

What historical time period and theaters of war are covered?

What are the most interesting/important topics and events described in these documents?

8. Have any of these materials been published or have copies of them been donated elsewhere? If so, please provide full citation of the publication or the location of the copies.



# Photograph Log

Photographic prints should be numbered with a soft (no.1) pencil on the back of the photograph in the lower-right corner. If the back is too slick to write on, enclose each photograph in a labeled envelope. Please do not use a pen or marker to label prints. Slides may be numbered on the frame housing. Photographers should sign a release form when possible. If more than five photographs are submitted, please make photocopies of the second page of this form to complete.

Name of Veteran/Civilian \_\_\_\_\_ Birth Date \_\_\_\_\_  
month/day/year

## PHOTOGRAPH # 1

Place \_\_\_\_\_ Date \_\_\_\_\_

Person(s) left to right \_\_\_\_\_ month/day/year

\_\_\_\_\_  
\_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Photographer (if known) \_\_\_\_\_

## PHOTOGRAPH # 2

Place \_\_\_\_\_ Date \_\_\_\_\_

Person(s) left to right \_\_\_\_\_ month/day/year

\_\_\_\_\_  
\_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Photographer (if known) \_\_\_\_\_

(Continue on back.)

(You may photocopy this side of the form or print additional copies to use for additional photographs if needed.)

PHOTOGRAPH # \_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_  
month/day/year

Person(s) left to right \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photographer (if known) \_\_\_\_\_

PHOTOGRAPH # \_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_  
month/day/year

Person(s) left to right \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photographer (if known) \_\_\_\_\_

PHOTOGRAPH # \_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_  
month/day/year

Person(s) left to right \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photographer (if known) \_\_\_\_\_